

KEEP THIS PAGE FOR YOUR RECORDS

FOOD ASSISTANCE DOCUMENTATION REQUIREMENTS

Provide a copy of the following documentation with application. Applications received without the required documentation will NOT be processed. Check to make sure you have included these items before submitting.

- 1) Copy of **TRIBAL I.D., AND DRIVERS LICENSE/STATE I.D.** for ALL individuals age 18 and older residing in the household as a permanent member. Permanent member means anyone residing in the household for one or more months.
- 2) Copy of **THREE (3) MONTHS PROOF OF INCOME for EACH INDIVIDUAL** in the household age 18 and older.

Income must be for the period of three (3) months prior to the date of application. To claim ZERO or PARTIAL INCOME a ZERO INCOME WORKSHEET must be complete and notarized. This document must be notarized.

LRBOI Program Income Criteria 175% FPIG		Income cannot exceed
Family Size	Annual Income	3 Months Income
1	\$ 18,953.00	\$4,738
2	\$ 25,498.00	\$6,374
3	\$ 32,043.00	\$8,010
4	\$ 38,588.00	\$9,646
5	\$ 45,133.00	\$11,283
6	\$ 51,678.00	\$12,919
7	\$ 58,223.00	\$14,555
8	\$ 64,768.00	\$16,191

175% of the FPIG - Federal Register update effective January 23, 2008


- 3) **EVIDENCE OF NEED** - Denial Notice; or statement of need related to medical condition or budgeting issue resulting in food or dietary crisis. **You must provide evidence of need.**
- 4) Provide a **copy of Child Support or Medical Bills** paid within the last 3 months. This information may be used as a deduction from the gross income.

***Notice - FOOD STAMP/BRIDGE CARD RECIPIENTS**

If you are receiving Food Stamps/Bridge Card, Commodities or any other assistance, it is your responsibility to notify the agency to verify if receiving benefits from this program will affect the assistance you are currently receiving. This is a reportable change in your status to assistance agencies.

If you have any questions about the status of an application or status of assistance, please contact the Members Assistance Department. Please do not contact any other department. If you are eligible for assistance, you will be notified by phone.

**Members Assistance Department
Little River Band of Ottawa Indians
375 River Street
Manistee, MI 49660
(231) 723-8288 / 888-723-8288**

See Back Side 

KEEP THIS PAGE FOR YOUR RECORDS

**~By accessing this program the information below requires signature acknowledgment~
Signature line is on last page of application.**

APPLICANT CERTIFICATION & AGREEMENT

I certify that all of the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. **This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements made by me on this application or my use of any untruthful or misleading statement on a document supporting this application is a violation of U.S.C. Title 18 Section 1001 and can result in prosecution and/or denial of services.** This application contains material covered by the Privacy Act. No record will be communicated to outside agencies unless in writing, either by the applicant or an officer or employee of the Members Assistance Department or other Federal agency requiring it in the performance of their duties.

DENIAL DISCLOSURE

- I fully understand that submission of an application does not guarantee receipt of assistance, and that resources will be allocated or withheld according to availability of funds. I understand that I have the right to appeal any adverse decision regarding my request for assistance to the Little River Band of Ottawa Indians through the appeal process governing this program per the Members Assistance Ordinance.

COMPLIANCE WITH PROGRAM

- I fully understand that, although there is a maximum amount of assistance under this program, I am not automatically entitled to that amount. If I am eligible for assistance I will not receive the maximum amount if I do not follow the requirements of this program by submitting the receipts for proof of purchase and/or food vouchers for further assistance up to the maximum amount of \$300.00; and assistance is provided in (2) \$150.00 increments. I acknowledge that failure to comply with the program guidelines shall result in prosecution and denial of services. I have read and fully understand the contents and instructions provided with this program.

BANK CARD ACCESS

-The Members Assistance Department retains card information and reserves the right to review online account information, activities and request information from store vendors where card has been used. In the event of a lost or stolen Food Assistance card, it is the applicant's responsibility to resolve by following the card instructions provided. The Tribe will not be responsible for replacement of lost or stolen card.

LITTLE RIVER BAND OF OTTAWA INDIANS

Members Assistance Department Food Assistance Program Application

(Office Use Only)
Program Application

Date Received: _____ Initials _____

A. APPLICANT INFORMATION

TRIBAL MEMBER NAME :			D.O.B.	
MAILING ADDRESS : STREET/P.O.		CITY	STATE	ZIP
PHYSICAL ADDRESS : STREET		CITY	STATE	ZIP
COUNTY :	PHONE :		TRIBAL I.D. #	
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> OTHER				
PARENT NAME IF ACCESSING ON BEHALF OF TRIBAL MEMBER MINOR				

B. FAMILY INFORMATION

1. List all persons living in the household on a permanent basis. Starting with the applicant, provide each person's name, date of birth, Social Security number, relationship to applicant, years/months living in house hold, and tribe/roll number.

Name	D.O.B Date of Birth	Social Security Number	Relationship to Applicant	Years/Months at this address.	I.D. Number

If you need more space, attach separate page.

C. INCOME INFORMATION

2. **Earned** and **Unearned** Income: Starting with applicant, list ALL household members who receive Earned and/or Unearned income, such as Wages, Tips, Social Security, DHS benefits, VA benefits, SSI, retirement, Disability and Unemployment, Child Support, Alimony, Royalties, Per Capita payments, Tribal benefits, Interest Income and any Other Income Resource. **Provide Proof of all household income with application.**

Name	Age	Source of Income	3 Months Income
Total gross Earned and Unearned			\$

D. GENERAL INFORMATION – Complete All Sections –

Program Scope. The Food Assistance Program is designed to provide limited assistance in purchasing food as identified in the categories in this section. ***This program is not intended to be a complete resource for food assistance.*** Applicant must demonstrate one or more of the following:

- Special diet needs related to medical restrictions.
- Homeless persons needing assistance in obtaining nutritional sustenance.
- Budgeting issues where a member or household has unexpected costs or unexpected loss of income which affect the overall budget of the family.

3. Description of Household – Provide description of situation & attach supporting documents

Select the specific category why assistance is needed. ☐ Special Dietary Need ☐ Homeless ☐ Budgeting Issue
Examples - termination, unemployment statement, document showing activity of seeking employment and length of time, doctors slip identifying medical condition, invoice for unexpected expense, statement from homeless shelter Etc.) **You must provide evidence of need along with description. DO NOT LEAVE THIS AREA BLANK**

4. Household Estimated Monthly Expense Information – Expense for the month of: _____

Description	Amount of Expense - Month
Rent/Mortgage	\$
Food	\$
Electric	\$
Heat	\$
Water / Sewer / Trash (circle all that apply)	\$
Phone – Local and Long Distance & Cell Phone	\$
Cable or Satellite TV	\$
Automobile – Payment & Insurance etc. # of vehicles _____	\$
Medical / Dental	\$
Misc – Day care, child support, other _____	\$
Other expenses not listed – (please list)	\$
Total of All Expenses	\$

5. Are you utilizing this assistance as your only source of assistance? Yes _____ No _____

6. Has the household utilized a local food pantry? Yes _____ No _____

7. Has the household utilized the Tribes Commodities Food Assistance Program? Yes _____ No _____

8. Have you received Food Assistance from this program in the past? _____ Yes _____ No

9. Receiving Bridge Card / Food Stamps from Department of Health and Human Services Agency? ____ Yes ____ No
If Yes, Case Worker Name _____ Phone _____

10. If applicable; Did the unemployed adults in the household utilize Michigan Works or a Temp Service to seek work? _____ Yes _____ No ____ N/A If No- Why? _____

11. Provide name, address and phone number of vendor where purchase/s will be made: (Grocery Store/s)

Grocery Store:	Address (if unsure of address contact the store):
Phone Number:	
Grocery Store:	Address (if unsure of address contact the store):
Phone Number:	

NOTE: Applicant is responsible for submitting the receipt of the purchased food items.

Referrals: *Your household may be eligible to receive assistance through programs offered by your local DHS, Community Action Agency and/or Utility Company. Please contact these agencies for more information.*

E. APPLICANT CERTIFICATION & AGREEMENT

(Read this certification carefully before you sign and date your application. Sign in ink.)

I certify that all of the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. **This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements made by me on this application or my use of any untruthful or misleading statement on a document supporting this application is a violation of U.S.C. Title 18 Section 1001 and can result in prosecution and/or denial of services.** This application contains material covered by the Privacy Act. No record will be communicated to outside agencies unless in writing, either by the applicant or an officer or employee of the Members Assistance Department or other Federal agency requiring it in the performance of their duties.

Applicant's Signature: _____ Date: _____

Spouse's Signature (if appropriate): _____ Date: _____

DENIAL DISCLOSURE & COMPLIANCE WITH PROGRAM

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- I fully understand that, although there is a maximum amount of assistance under this program, I am not automatically entitled to that amount. If I am eligible for assistance I will not receive the maximum amount if I do not follow the requirements of this program by submitting the receipts for proof of purchase and/or food vouchers for further assistance up to the maximum amount of \$300.00; and assistance is provided in (2) \$150.00 increments. I acknowledge that failure to comply with the program guidelines shall result in prosecution and denial of services. I have read and fully understand the contents and instructions provided with this program.

Applicant's Signature: _____ Date: _____

Spouse's Signature (if appropriate): _____ Date: _____

BANK CARD ACCESS

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Applicant's Signature: _____ Date: _____

Spouse's Signature (if appropriate): _____ Date: _____



Little River Band of Ottawa Indians
Members Assistance Department

375 River St
Manistee MI 49660
Toll Free 888-723-8288
231-723-8288
Fax: 231-398-6748

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I/We hereby authorize you to release, any and all information concerning the following:

Employment history dates, title, income, hours worked etc. mortgage, rental agreement, lease or land contract information, heating or electrical account information, Social Security, SSI or SS Disability statements, banking, savings statements, general assistance income (DHS), zero income statement; and any other information requested of outside agencies and/or appropriate Tribal departments as deemed necessary to verify application information submitted for assistance services.

This information is released to:

Members Assistance Coordinator-Lee A. Ivinson and Members Assistance Staff

for use in evaluating eligibility for Members Assistance Programs.

Release of Information to Appropriate Service Departments:

I understand that information may be disclosed to appropriate Tribal departments on my behalf for services and assistance applied for. This information is intended to facilitate access to services in a timely manner and is considered confidential and/or privilege information. I understand that records cannot be disclosed without my written consent below, unless otherwise provided in the regulation. I also understand that I may revoke this consent at any time except to the extent for actions taken and services in assisting you.

Full Name: _____
(Signature)

Full Name: _____
(Printed)

Social Security #: _____

Address: _____

Phone Number: _____

Privacy Act Statement

The primary use of this information is by an employee of the Members Assistance Department office in determining eligibility for services. Furnishing the information on this form is required to establish eligibility for your participation in the program.



Little River Band of Ottawa Indians Members Assistance Department Zero Income Worksheet

For additional forms make
copies as needed-
**COPY BOTH SIDES
OF THIS DOCUMENT**

Applicant and/or ALL permanent household member/s age 18 or older shall complete the zero income form for periods within the last three (3) months of the date of application where there is NO earned income generated or partial income claimed. Complete section that is pertinent to your situation – Zero Income or Partial Income.

Household Monthly Expenses -	Amount
Rent/Mortgage Payment	_____ Mo.
Utilities – Circle that apply- Electric, Heat, Water, Sewer, Phone, Trash Removal, Cable or Satellite TV	_____ Mo.
Food	_____ Mo.
Automobile (fuel, repairs, insurance)	_____ Mo.
Medical/Dental	_____ Mo.
Miscellaneous (day care, child support etc.)	_____ Mo.
Other Expenses – List them_____	_____ Mo.

Zero Income

☐ I _____ certify that I have not received any income within the dates from _____ to _____ and I am claiming ZERO INCOME. (must total 3 months from date of application)

Please explain circumstances for claiming Zero Income:

REQUIRED: Explain how the expenses are currently paid

How will household continue to pay the expenses?

Partial Income

☐ I _____ certify that I am claiming income for part of the period within the three months and *proof of income is provided with application* and ZERO INCOME for the dates from _____ to _____. (must total 3 months from date of application)

Please explain circumstances for claiming Partial Income:

REQUIRED: Explain how the expenses are currently paid

How will household continue to pay the expenses?

Income/Resources of Household- Provide a copy of the documents that apply with application.

Income from Work-Not reported on a W-2 Form	_____ Mo.
Rental Income (If applicable)	_____ Mo.
TANF (Temporary Assistance to Needy Families)	_____ Mo.
Child Support/Alimony	_____ Mo.
Social Security Benefits	_____ Mo.
Food Stamps/Bridge Card	_____ Mo.
Subsidized Housing	_____ Mo.
Pension	_____ Mo.
Unemployment Compensation	_____ Mo.
Workers' Compensation	_____ Mo.
Explanation of any other resources not listed:	

(circle one)

Would you participate in a household budgeting training course? Yes No If No: Why _____

I certify that all of the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive assistance, and that false or misleading statements made by me on this application or my use of any untruthful or misleading statement on a document supporting this application is a violation of U.S.C. Title 18 Section 1001 and can result in prosecution and/or denial of services.

Spouse or Other – (Individuals 18 or older declaring zero or partial income)

Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

NOTARY STAMP, SIGNATURE AND DATE

(Name) _____ Acknowledged before me in _____ County,
State of _____ on this date _____.

Notary's Stamp

Notary Signature _____
Notary Public, State of _____, County of _____;
My commission expires _____; and Acting in the County of _____.



Little River Band of Ottawa Indians Members Assistance Department

For additional forms make
copies as needed.

Statement of Assistance Resources

To be used when household has received assistance from an individual/s. To be completed by person giving assistance to applicant.

Applicant name: _____ Address _____

I certify that the total amount to date I _____ gave _____
in assistance is \$ _____. Amount was given per ☐ month or ☐ week. This financial assistance
started on (Date) _____.

The dates and amounts given:

Date	Amount	Date	Amount	Date	Amount

(Use reverse side for additional space)

Check and complete all that apply:

☐ I paid these expenses on these dates:

Expense/ Bill	Description	Amount	Date/s

(Use reverse side for additional space)

☐ I will continue to pay these expenses until (Date) _____.

☐ This was a onetime assistance and no further assistance will be given.

My relationship to the applicant is: _____

My Address: _____

My Phone: _____

My Work Phone: _____

My Employer Name & Address: _____

This certification is made with the knowledge that false or misleading statements made by me on this form and/or on supporting documents for this certification is fraud and can result in prosecution. I further understand that the Little River Band of Ottawa Indians may require additional information to verify the assistance provided by me to said applicant, additional request may be but not limited to receipts, bank statements, paid invoices, cancelled checks and income verification by way of pay stubs and any other proof deemed necessary.

NOTARY, SIGNATURE AND DATE

Signature: _____ Date: _____

(Name) _____ Acknowledged before me in _____ County,
State of _____ on this date _____.

Notary's Seal

Notary Signature _____
Notary Public, State of _____, County of _____;
My commission expires _____; and Acting in the County of _____.